

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041853

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10226

STATE FILE NUMBER

OCT 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)

ST. LOUIS CITY HOSP. #1

Length of stay in lb

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

(If outside, give location)

3631 Shenandoah

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First HARVEY

Middle CHRISTOPHER

Last MYERS

4. DATE OF DEATH

Month OCTOBER

Day 11

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/1/1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Myers

13b. MOTHER'S MAIDEN NAME

Catherine Higgins

14. NAME OF HUSBAND OR WIFE

Pearl O. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Harvey C. Myers, Jr., 3657a Connecticut

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

DUE TO (b)

Site unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. Subdural Hematoma secondary to trauma skull

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell on floor of hospital suffering contusion

20c. TIME OF INJURY

Hour Month, Day, Year

10 5 63

Pneumonia + non-depressed fr. of right occiput.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

City Hospital #1

20f. CITY, TOWN, OR LOCATION

1515 Lafayette Ave. St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from

10-2-63

to 10-11-63

and last saw him alive on 10-11-63

Death occurred at

3:00 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard L. Phillips M.D.

22b. ADDRESS

1515 LAFAYETTE

22c. DATE SIGNED

10-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-14-63

23c. NAME OF CEMETERY OR CREMATORY

Local Cemetery

23d. LOCATION (City, town, or county)

Bernie, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Watkins Funeral Home, Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 14 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

OCT 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Harvey Kahle

Licensed Embalmer No. _____

4596

P. O. Address _____

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.